

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 11, 1981

ALL-COUNTY INFORMATION NOTICE I-30-81

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REPORTING REQUIREMENTS FOR CHDP CHILD HEALTH STATUS REPORT

REFERENCE: (1) ALL COUNTY LETTER NO. 79-68, DATED OCTOBER 1, 1979
(2) CHDP PROGRAM LETTER #80-5, DATED MAY 22, 1980
(3) DSS ALL COUNTY INFORMATION NOTICE I-85-80, DATED AUGUST 15, 1980
(4) CHDP PROGRAM LETTER #80-14, DATED DECEMBER 22, 1980

The Health Care Financing Administration, as indicated in CHDP Program Letter #80-5, requires information on all Medi-Cal beneficiaries.

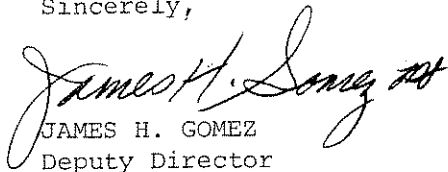
Because health departments/districts have the program and welfare departments have the clientele, the success of the compilation of the information in any given county depends on the cooperation between health and welfare departments.

The Department of Social Services intends that federal documentation requirements result in minimal impact on county welfare departments. The information requested can be reported by the local CHDP/EPSTD program.

County welfare departments must, however, identify Medi-Cal and AFDC recipients requesting CHDP services, using their current referral mechanisms, to the EPSTD Unit/CHDP program.

If you have any questions, please contact your EPSTD Consultant.

Sincerely,


JAMES H. GOMEZ
Deputy Director

cc: CWDA

Attachments

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



October 1, 1979

ALL-COUNTY LETTER NO. 79-68

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: Revised Federal EPSDT Regulations Effective October 1, 1979

REFERENCE:

Revised federal Early Periodic Screening, Diagnosis, and Treatment (EPSDT) regulations (42 CFR 441.50 - .90), are effective October 1, 1979. This letter provides an overview of these revised regulations, restates current AFDC income maintenance responsibilities, identifies a change in the informing process, and discusses the federal penalty provisions. These revised federal regulations require a greater informing effort, a greater need for documentation, and clarified standards of informing for review purposes. This letter supersedes All-County Letter No. 76-70 dated May 3, 1976.

Overview of The Revised Federal Regulations

The revised federal EPSDT regulations require states to provide screening and treatment services for physical and mental problems for Medicaid eligible children up to the age of 21. Screening must include a health and developmental history; physical examination; immunizations; nutrition assessment; vision, hearing and lab testing; and dental services provided by a dentist. The regulations also require that all AFDC applicants and recipients be informed about EPSDT benefits both in writing and by face-to-face contact. The regulations also require that recipients requesting EPSDT receive screening, diagnosis and treatment services within 120 days from the date of the request or, for new applications and restorations, 120 days from the date eligibility was determined. States are required to document informing activities and maintain records for monitoring purposes. If standards of informing, service provision, and documentation are not met, states are liable to a penalty of one percent of AFDC funds.

Current AFDC Income Maintenance Procedures

The Child Health and Disability Prevention (CHDP) Program performs EPSDT functions in California. AFDC income maintenance responsibilities cover informing and referral, and documentation of these two activities. Requirements are found in EAS 40-107.6, 40-131.3 and 40-181.2. Eligibility workers are

required to inform all AFDC-FG and U applicants and recipients of the purpose and availability of CHDP services and to provide the CHDP brochure at application, restoration, and annual redetermination. AFDC-BHI and foster care procedures are not addressed by this letter. Those procedures will be dealt with separately. At the interview, the EW ensures that the applicant or recipient completes the Social Services question on the CA 2 or question 13 on the CA 20. The EW then gives out the CHDP brochure and supports it with verbal explanation. The brochure must be given to each applicant or recipient whether they have indicated interest in the program or not. (New CHDP brochures must be used and are available through local CHDP Programs.) If the applicant or recipient requests more information about CHDP, he/she is given the location and phone number of the local CHDP Program and/or referred to a list of providers.

When the applicant or recipient wants CHDP services ("yes" in the social services question's part B on the CA 2 or question 13 on the CA 20) a referral is made in accordance with local income maintenance, social services and CHDP Program arrangements.

When these actions are completed, the EW checks the box in the county use section of the CA 2 or CA 20 "CHDP Brochure and Explanation given". When a referral is made, the EW notes the place and date of the referral.

Assistance with Transportation and Scheduling

In those cases where the applicant or recipient has requested CHDP services it is necessary for the EW to verbally offer assistance with transportation and scheduling. The response must be documented in the county use area next to the social services section on the CA 2 or CA 20, as appropriate. Suggested language is "No T&S" where assistance with transportation or scheduling is not wanted, "yes T&S", where assistance with both services are wanted and "yes T, no S", or vice versa, when assistance with one or the other is wanted. This request for assistance must be promptly communicated to appropriate local CHDP Unit for follow-up. Your current CHDP referral system should provide an adequate base for this.

Penalties for Failure to Provide EPSDT Services

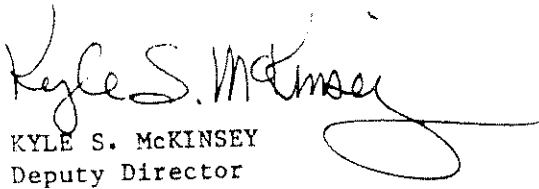
The federal regulations provide for a penalty of one percent of federal financial participation in AFDC when a state fails to meet EPSDT standards. Standards are spelled out for informing (informing requirements must be met in at least 95 percent of the cases), completing the screening and initiating treatment, and maintaining the documentation required for federal audit purposes. It is critical in order to avoid the penalty that the offer of assistance with transportation and scheduling be made to those who want CHDP. The response must be documented and, when assistance is requested, the county or responsible agency must provide it or document legitimate reasons for not providing it.

Documentation Lists

For federal audit purposes the revised regulations require that various lists of AFDC recipients be maintained. It is the intention of the Department of Social Services that federal documentation requirements result in minimal, if any, impact on county welfare departments. Furthermore, the Department of Health Services believes that most of the lists can be maintained at the state level using CID tapes, CHDP payment records, etc. One exception is the list of AFDC recipients who request screening. DSS and DHS are looking at use of referral forms to generate this list.

If you have any questions about these procedures, please contact your AFDC Management Consultant at (916) 445-4458.

Sincerely,


KYLE S. McKINSEY
Deputy Director

cc: CWDA

DEPARTMENT OF HEALTH SERVICES

4744 P STREET
SACRAMENTO, CA 95814
(916) 322-4780



May 22, 1980

CHDP Program Letter #80-5

To: Community Child Health and Disability Prevention Program Directors
and Deputy Directors and Directors of County Welfare Departments
with EPSDT Units

Subject: Local Program Responsibilities for Maintaining Lists of Persons
Requesting Services

The revised Federal regulations require that each month four distinct and separate lists be available at the State or local level (42 CFR 441.90(b)(1)). These lists will be used to draw samples of cases for federal reviews of CHDP compliance with EPSDT regulations.

Completion of the monthly list of AFDC recipients requesting services and the dates of these requests (42 CFR 441.90(b)(iii)) will be the responsibility of the local CHDP program. Children eligible for Medi-Cal under any program other than AFDC cash grant should not be included in the list. A sample drawn from these monthly lists will be used to audit the service delivery requirements of the regulations.

The Department of Social Services (DSS) issued two letters, All County Letter #79-68, and All County Letter #79-69, that describe the responsibilities of eligibility and social services staff.

All County Letter #79-68 requires eligibility workers to make CHDP referrals. It states, "When the applicant or recipient wants CHDP services, ("Yes" in the Social Services question's Part B on the CA-2 or question 13 on the CA-20), a referral is made in accordance with local income maintenance, Social Services and CHDP program arrangements."

All County Letter #79-69 outlines the responsibilities of social service staff when placing children in foster homes and other child care facilities.

Compiling the Monthly List

To compile the necessary information, one of the following must be done by the local CHDP program:

- A. MAINTAIN A MONTHLY FILE OF REFERRAL AND REQUEST FORMS BY MONTH OF REQUEST FOR SERVICES.

The referral and request forms must include the names, Medi-Cal number and dates of request for services. Each month's file combines and contains:

1. Referral forms received from the welfare department for AFDC families. For redetermination applicants, the form is to be filed by the month in which the request was made. For new applicants, or re-applications after a period of ineligibility, the form is to be filed by the month in which eligibility is determined.
2. Referral forms received from the welfare department or placement worker for AFDC-foster care children. The form is to be filed by the month in which the actual request for services was made.
3. Requests for CHDP services which AFDC recipients make directly to the CHDP program administration. These must be filed by the month in which the request was made. Persons who request services directly from a provider or persons receiving CHDP services on a "walk-in" basis from a county clinic should not be included in this file.*

OR

B. MAINTAIN A MONTHLY LIST OF ALL INDIVIDUALS REQUESTING SERVICES.

The list must include the names, Medi-Cal number and dates of request for:

1. All AFDC recipients referred from the welfare department by the month in which the request was made. For new applicants, the date of request is the date eligibility is determined.
2. All AFDC-foster care children referred from the welfare department or placement worker by month in which the request was made.
3. All requests by AFDC recipients made directly to the CHDP program. Persons requesting services directly from a provider or persons receiving CHDP on a "walk-in" basis from county clinics should not be included in the list.*

A computerized list, if available, is acceptable. If the choice is to maintain a list, it will be necessary to be able to link names on this list with a referral or request form. If you currently have a list in place, contact your regional consultant to determine if your listing will be sufficient for this purpose.

Monthly Count

A count of the total number of individuals requesting services each month must be made by the local program and be available to the State.

- * Since CHDP programs are administered in the local health department, programs should use their best judgment in determining whether a request for services is being made to program administration (which would be included in the list) or if a request for appointment is being made to the health department as a provider of services (which would not appear on the list).

Effective Date

Please begin maintaining these monthly files or lists immediately. A file or list must be compiled for every month beginning with October 1979. These files should be up to date by June 15, 1980.

Quarterly Child Health Status Report

The State has recently been notified that the Health Care Financing Administration plans to modify the required EPSDT statistical information submitted by the State. The proposed reporting requirements have been under development for about three years and differ from current requirements in that information will be requested for all Medi-Cal beneficiaries. In addition to AFDC cash recipients, this will include all Medi-Cal-only beneficiaries and all persons receiving Medi-Cal on the basis of receipt of a cash payment including SSI/SSP.

The Quarterly Child Health Status Report is mentioned at this time to alert local programs that, in the future, it will be necessary to collect similar data on all Medi-Cal eligible recipients who request services, and to report this to the State for completion of this federal report. You do not need to be collecting this information at this time. We will inform you about any further developments of this issue.

If you have any questions, or need assistance, please contact your regional consultant.

Siegried A. Centerwall MD

Siegried A. Centerwall, M.D., Chief
Child Health and Disability
Prevention Branch

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



August 15, 1980

ALL-COUNTY INFORMATION NOTICE I-85-80

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: LOCAL HEALTH RESPONSIBILITIES FOR MAINTAINING LISTS OF PERSONS
REQUESTING EPSDT SERVICES

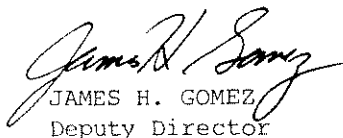
Attached is a copy of the Department of Health Services CHDP Program Letter #80-5 sent to all Community Child Health and Disability Prevention Program Directors and Deputy Directors and Directors of County Welfare Departments with EPSDT Units.

The letter provides information on the necessity for local health departments to keep lists of persons who have requested EPSDT services. Since the lists primarily consist of persons who have requested services at the time of their AFDC application, placement in out-of-home care, or renewal of assistance, it is important that welfare departments provide such information to the local health department in a timely manner.

The lists will be used to draw samples of cases for federal reviews of compliance with EPSDT regulations.

If you have any questions please contact Marilyn B. Lewis, Social Service Consultant, at (916) 323-2932.

Sincerely,


JAMES H. GOMEZ
Deputy Director

Attachment

cc: CWDA

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

(916) 322-4780



December 22, 1980

CHDP PROGRAM LETTER #80-14

To: Community Child Health and Disability Prevention
Program Directors and Deputy Directors

Subject: Reporting Requirements for the Child Health Status Report

CHDP Program Letter #80-5 alerted local programs to the change in reporting requirements for the Child Health Status Report. This report, submitted quarterly to the Health Care Financing Administration, now includes as one of its reporting requirements the total number of all Medi-Cal recipients (not cases or families) who request CHDP services.

It is required, therefore, that you submit this information by the fifteenth of the month following the end of each quarter. This reporting will begin on January 15, 1981 for the October through December 1980 quarter. Please report in the format attached, giving the number of AFDC recipients and the number of Medi-Cal Only recipients. Send the data to:

Data Management and Evaluation Section
714 P Street, Room 1792
Sacramento, CA 95814

Please contact your Regional Consultants if you have any questions.

Siegried A. Centerwall
Siegried A. Centerwall, M.D., Chief
Child Health and Disability
Prevention Branch

Attachment

QUARTERLY REPORT OF MEDI-CAL RECIPIENTS
REQUESTING CHDP SERVICES

_____ County

Reporting Quarter:

_____ Through _____, 19____

Numbers of AFDC Recipients Requesting CHDP Services _____

Number of Medi-Cal Only Recipients Requesting CHDP Services _____

TOTAL _____

COUNTY REPRESENTATIVE

Send to: Data Management and Evaluation Section
714 P Street, Room 1792
Sacramento, CA 95814